

# SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS AND INFORMATION PRIOR TO LICENSE RENEWAL

## General Information

- License renewal period is May 1-June 30 each year.
- All licenses will expire June 30 each year. There is no grace period.
- For current Statutes and Rules, go to <https://doh.sd.gov/boards/pharmacy/>, under Quick Links are law book link options.
- Renewal fee is \$200 for Full Time Pharmacy, \$160 for Part Time Pharmacy.
- Payment method – Mastercard or Visa **ONLY**.
- User ID and password must be unique for each license.

## You must complete the entire application process from start to finish in one sitting

- Online system does not retain any information entered until the application has been submitted and payment process is complete.
- Have all of your pharmacy information and copies of documents for upload ready before beginning the online renewal process.

## Required Documents to be Uploaded

- Notarized Pharmacist-in-Charge Affidavit. Link to document (link goes to Licensure of Pharmacies page where document is located): <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- Notarized Supplemental Affidavit if pharmacist-in-charge is not sole owner of merchandise and fixtures. Link to document (link goes to Licensure of Pharmacies page where document is located): <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- DEA certificate if dispensing controlled substances.
- A complete written pharmacy business description (description of prescription drugs and services provided to patients). This is a document prepared by the pharmacy that will need to be uploaded.
- Other states licensed in.
- Court documents if regulatory question(s) answered yes.
  - First regulatory question is: Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not been reported on the last renewal
  - Second regulatory question is: Has the pharmacy been disciplined in the last four (4) years?

## After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

You must log back into the account at [https://sdbop.igovsolution.com/online/User\\_login.aspx](https://sdbop.igovsolution.com/online/User_login.aspx)

- To check application status
- Print license
- Print a receipt

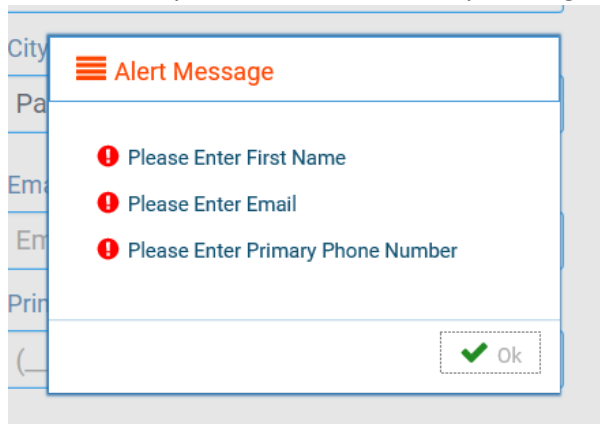
Application status can also be checked at:

- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

## General Notes

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1. Mandatory fields are marked with a red \* in all screens and all those have to be entered before clicking on next
2. If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:

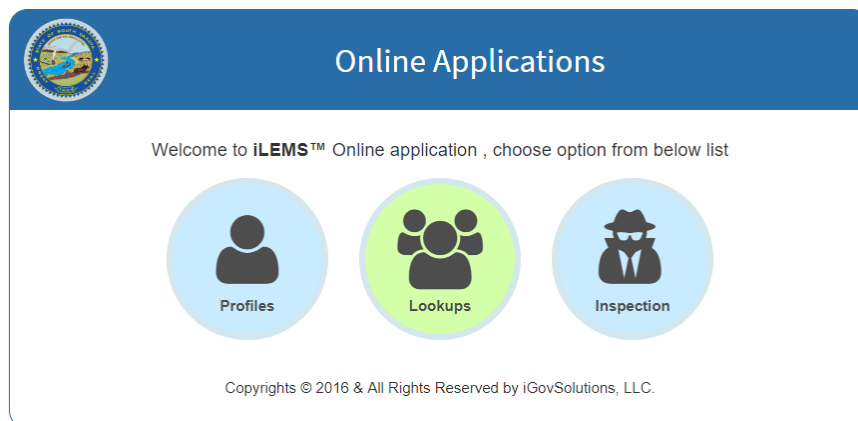


## START RENEWAL PROCESS HERE

### Profile

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1. Click on this link (**Bookmark this page**): [https://sdbop.igovsolution.com/online/User\\_login.aspx](https://sdbop.igovsolution.com/online/User_login.aspx), then, within the Online Applications , click on Profiles



2. On clicking Profile, it will take you to the Online Profile Login – User Login / Sign up page. Click 'sign up'. Registration screen will then come up.



South Dakota Board of Pharmacy

#### ONLINE BUSINESS PROFILE LOGIN

User Login

User Name

User Name

Password

Password

Login

Sign up

Forgot password

Mailing Address: 4001 W Valhalla Blvd, Sioux Falls, SD 57106 Phone: (605) 362-2737

- 2.1 On Registration screen elect the permit type from the drop-down, enter the permit number, enter the Physical Zip (zip code of pharmacy location)

#### ONLINE BUSINESS PROFILE

Registration

Step 1 / 2

Please provide the information below.  
Click here to verify your Permit #.

\* Permit Type

Select License Type

\* Permit #

Permit Number

\* Physical Zip (If outside the United States, please enter the first 5 digits/characters of zip including space.)

Next

[? Forgot Password](#)

2.2 Click Next and enter the credentials in the below screen and click Submit

ONLINE BUSINESS PROFILE

Credentials

Step 2 / 2

\* Email

Email

\* Confirm Email

Confirm Email

\* User Name

User Name

\* Password

Password

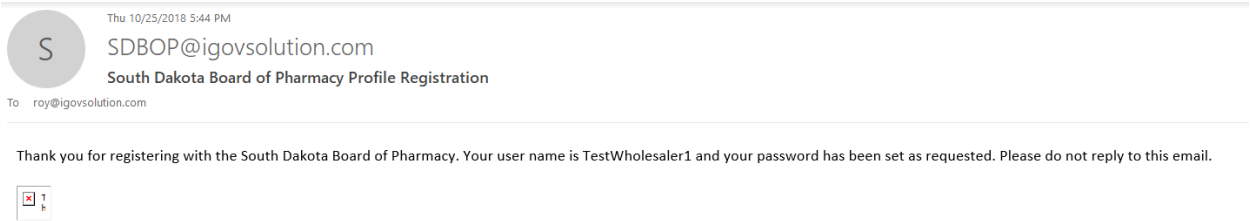
\* Confirm Password

Confirm Password


Previous

Submit

2.3 Once user registration is successful, an e-mail will be sent to the e-mail that you provided during your registration, like below:



2.4 Use the User ID and password to login in the Profile page and it will take you to the MyProfile page like below:

South Dakota Board of Pharmacy

ONLINE BUSINESS PROFILE LOGIN

User Login

User Name

User Name

Password

Password

Login

[Sign up](#)

[Forgot password](#)

Mailing Address: 4001 W Valhalla Blvd, Sioux Falls, SD 57106 Phone: (605) 362-2737

(Click the edit buttons to make changes to your information . To renew your license, click on "Renew" in the Registration Information section.)

## Business Profile Information

### Business Profile Information

Edit

Business Name

License Type

DBA

### Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	1004			Current/Inactive		<a href="#">Renew</a> <a href="#">Print</a>

Primary Address

## 2.5 In the MyProfile page you can edit the information:

- Business Profile Information: In this section the Name of the Business, DBA is captured. Only Business Profile Information, Primary Address, Mailing Address Information, and Contact Information fields are editable.

## Renewal

## Renewal

- After validating all the information in the MyProfile section click on the Renew icon in the Registration Information section

(Click the edit buttons to make changes to your information . To renew your license, click on "Renew" in the Registration Information section.)

## Business Profile Information

### Business Profile Information

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Business Name

License Type


DBA

### Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	1004			Current/Inactive		<a href="#">Renew</a> <a href="#">Print</a>

Primary Address

2. Renewal process will begin on next page after clicking 'yes' on the confirmation message

 Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

☒ Yes ☐ No

3. It will take you to the Renewal screen where it will show the South Dakota Pharmacy Renewal Instructions. After reviewing instructions, click on Next to begin the renewal.

**SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS**

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- DEA certificate if dispensing controlled substances.
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- Other states licensed in.
- Court documents if regulatory question(s) answered yes.

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Next

4. Select application type of Renew and/or Change of Ownership.

**NEW OR CHANGE OF OWNERSHIP APPLICATION**

\* What type of application is this (Check all that apply):

☐ Renew

☐ Change of Ownership

Previous

Next

4.1 If only Renew is selected, click next to continue.

4.2 If Change of Ownership is selected, provide the previous license number and provide a document showing your previous and new ownership structure.

☒ Change of Ownership

\* Previous License Number

100-\_\_\_\_

\* Previous and New Ownership Structure

 Attach Document

4.3 Click next to proceed.

5. License Information Page. License Classification information at the top will prepopulate.

5.1 Select all that apply for Type of Practice, upload your pharmacy business description

5.2 Either upload a document listing other states licensed in or fill the blank with the state(s) you are licensed in.

5.3 Once information is complete, click next:

**LICENSE INFORMATION**

**LICENSE CLASSIFICATION**

Legal Name of Business (must be the same as DEA title, if applicable)

DBA Name

Address1

Address2

Address3

City

State

County

Zip

Pharmacy Email

Phone Number

Fax Number

DEA, if applicable

DEA


Type of Practice (Check all that apply):

☐ Retail ☐ Independent ☐ Hospital ☐ Telepharmacy ☐ Sterile Compounding

☐ Non-Sterile Compounding ☐ LTC ☐ Users Central Fill ☐ Central Processor ☐ Mail Order

☐ Other


Pharmacy Business Description

 Attach Document

\* Other states licensed in

Other states licensed in

Other states licensed in

 Attach Document

Previous

Next

## 6. Pharmacy Information page.

- 6.1 Under pharmacist-in-charge, fill in the pharmacist-in-charge license number as information will then populate. Also, fill in any other information that may have a red asterisk that did not populate.
- 6.2 Upload the Notarized Affidavit affirming Pharmacist-in-Charge understands SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Laws/Rules.
- 6.3 License Preparer Information. Answer question either yes or no. If answered yes, then continue by clicking next. If answered no, fill in all information with a red asterisk.
- 6.4 When complete, click next to continue.

**PHARMACY INFORMATION**

**Pharmacist-in-Charge**

\* Pharmacist-in-Charge South Dakota License Number  
Pharmacist-in-Charge South Dakota License Number

\* Pharmacist-in-Charge Name  
Pharmacist-in-Charge Name

\* Average Hours Worked/Week  
Average Hours Worked/Week

\* Pharmacist-in-Charge Email  
Pharmacist-in-Charge Email

\* Pharmacist-in-Charge Phone Number  
( ) - -

Notarized Affidavit affirming Pharmacist-in-Charge understand SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.  
[Attach Document](#)

**License Preparer Information**

Is Pharmacist-in-Charge filling out this application? ☐ Yes ☒ No

\* Preparer Name  
Preparer Name

\* Preparer Title  
Preparer Title

\* Company Name  
Company Name

\* Address1  
Address1

Address2  
Address2

Address3  
Address3

\* Zip  
Zip

\* City  
City

\* State  
Select State

\* Preparer Email  
Preparer Email

\* Preparer Phone Number  
( ) - -

Preparer Fax Number  
( ) - -

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## 7 Ownership page. Select the pharmacy's Type of Ownership.

**OWNERSHIP**

\* Type of Ownership  
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

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### 7.1 If Sole Proprietorship is selected:

- 7.1.1 Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).
- 7.1.2 Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.
- 7.1.3 Once completed, click next to continue.

**OWNERSHIP**

\* Type of Ownership  
☒ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other

\* Name of Sole Proprietorship  
Name of Sole Proprietorship

\* Address1  
Address1

\* Address2  
Address2

Address3  
Address3

\* Zip  
Zip

\* City  
City

\* State  
Select State

\* Phone number  
( ) - -

Is pharmacist-in-charge sole owner of merchandise and fixtures? ☐ Yes ☒ No

Notarized Supplement to Application Affidavit  
[Attach Document](#)

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## 7.2 If Partnership is selected:

The screenshot shows the 'OWNERSHIP' section of a form. Under 'Type of Ownership', 'Partnership' is selected with a green checkmark. Other options are 'Sole Proprietorship', 'Corporation', 'LLC', and 'Other'. Below this, there is a 'Partnership' section with a button 'Click Here To Add Partnership'. Further down, under 'Partner/member/officer Information', there is an 'Attach Document' button and a question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' with 'Yes' and 'No' radio buttons, where 'No' is selected. Another 'Attach Document' button is present for the 'Notarized Supplement to Application Affidavit'. At the bottom, there are 'Previous' and 'Next' buttons.

**7.2.1** Click on Click Here to Add Partnership. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).

The screenshot shows a modal window titled 'Add more for partnership'. It contains two columns of form fields. The left column has fields for '\* Name of Partnership', 'Address2', '\* Zip', and '\* State' (a dropdown menu). The right column has fields for '\* Address1', 'Address3', '\* City', and '\* Phone Number' (a field with a format '( ) - -'). At the bottom of the modal are 'Save' and 'Cancel' buttons.

**7.2.2** Attach document that has the partner names and addresses.

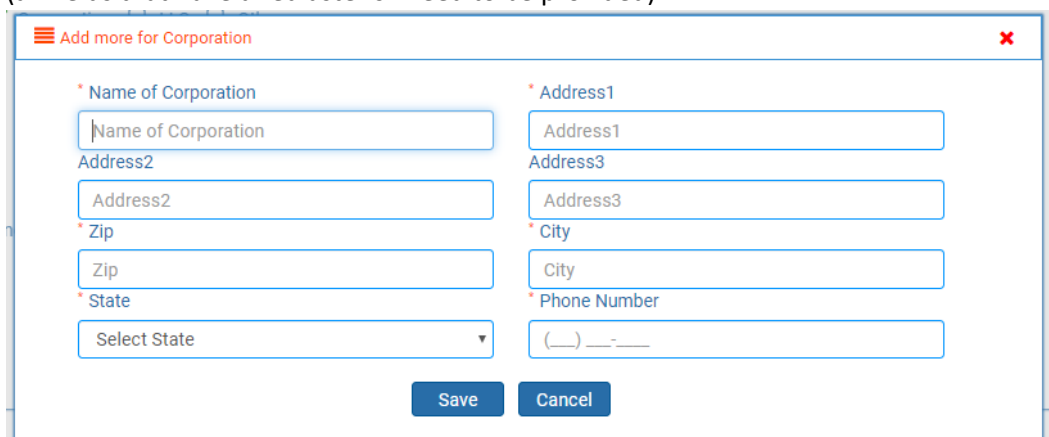
**7.2.3** Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

**7.2.4** Once completed, click next to continue.

## 7.3 If Corporation is selected:

The screenshot shows the 'OWNERSHIP' section of a form. Under 'Type of Ownership', 'Corporation' is selected with a green checkmark. Other options are 'Sole Proprietorship', 'Partnership', 'LLC', and 'Other'. Below this, there is a 'Corporation' section with a button 'Click Here To Add Corporation'. Further down, under 'Partner/member/officer Information', there is an 'Attach Document' button and a question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' with 'Yes' and 'No' radio buttons, where 'No' is selected. Another 'Attach Document' button is present for the 'Notarized Supplement to Application Affidavit'. At the bottom, there are 'Previous' and 'Next' buttons.

- 7.3.1** Click on Click Here to Add Corporation. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).



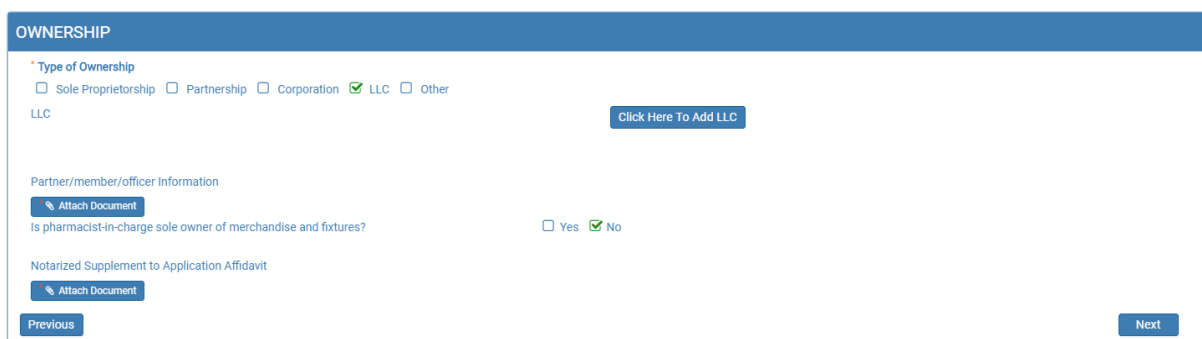
The screenshot shows a modal window titled "Add more for Corporation" with a red close button in the top right corner. The form is divided into two columns. The left column contains fields for: \* Name of Corporation (text input), Address2 (text input), \* Zip (text input), \* State (dropdown menu with "Select State" selected), and Address1 (text input). The right column contains fields for: \* Address1 (text input), Address3 (text input), \* City (text input), and \* Phone Number (text input with a format guide "( ) - - "). At the bottom of the form are two buttons: "Save" and "Cancel".

- 7.3.2** Attach document that has the partner names and addresses.

- 7.3.3** Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

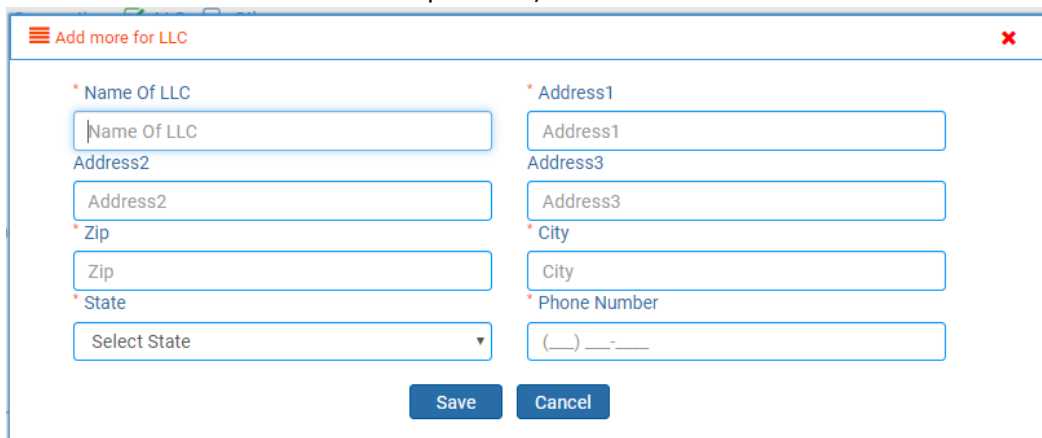
- 7.3.4** Once completed, click next to continue.

**7.4** If LLC is selected:



The screenshot shows a form titled "OWNERSHIP" with a blue header. Under "Type of Ownership", there are checkboxes for Sole Proprietorship, Partnership, Corporation, LLC (which is checked), and Other. Below this, there is a button "Click Here To Add LLC". Further down, under "Partner/member/officer Information", there is an "Attach Document" button. Below that, there is a question "Is pharmacist-in-charge sole owner of merchandise and fixtures?" with "Yes" and "No" radio buttons, where "No" is selected. At the bottom, there is another "Attach Document" button under "Notarized Supplement to Application Affidavit". Navigation buttons "Previous" and "Next" are at the bottom left and right respectively.

- 7.4.1** Click on Click Here to Add LLC. Provide the name, address, and phone number (all fields that have a red asterisk need to be provided).



The screenshot shows a modal window titled "Add more for LLC" with a red close button in the top right corner. The form is divided into two columns. The left column contains fields for: \* Name Of LLC (text input), Address2 (text input), \* Zip (text input), \* State (dropdown menu with "Select State" selected), and Address1 (text input). The right column contains fields for: \* Address1 (text input), Address3 (text input), \* City (text input), and \* Phone Number (text input with a format guide "( ) - - "). At the bottom of the form are two buttons: "Save" and "Cancel".

- 7.4.2** Attach document that has the partner names and addresses.

- 7.4.3** Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.

- 7.4.4** Once completed, click next to continue.

## 7.5 If Other is selected:

**OWNERSHIP**

\* Type of Ownership  
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☒ Other

\* Name of Entity  
Name of Entity

\* Address1  
Address1

\* Address2  
Address2

Address3  
Address3

\* Zip  
Zip

\* City  
City

\* State  
Select State

\* Phone number  
( ) - -

Partner/member/officer Information  
Attach Document

Is pharmacist-in-charge sole owner of merchandise and fixtures? ☐ Yes ☐ No

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- 7.5.1 Provide the name, address, and phone number of the entity (all fields that have a red asterisk need to be provided).
- 7.5.2 Attach document that has the partner names and addresses.
- 7.5.3 Answer question 'Is pharmacist-in-charge sole owner of merchandise and fixtures?' If answered yes, click yes to continue. If answered no, upload the notarized Supplement to Application Affidavit.
- 7.5.4 Once completed, click next to continue.

## 8. Employees page.

**EMPLOYEES**

☒ Staff Pharmacists ☐ None

Click Here To Add More For Staff Pharmacists

Or Upload List Below

☒ Registered Technicians currently working at this location ☐ None

Click Here To Add More For Registered Technicians

Or Upload List Below

☒ Pharmacist Interns currently working at this location ☐ None

Click Here To Add More For Pharmacist Interns

Or Upload List Below

Full Listing of Pharmacists, Technicians, and Interns

Attach Document

Previous Next

- 8.1 Check box by each type of employee to indicate if there are pharmacists, technicians, or interns currently working at this location. There will be options to manually input each employee **OR** upload a full listing of pharmacist, technicians, and intern currently working at this location.
- 8.2 If a manual upload is desired for pharmacists, click on Click here to Add More for Staff Pharmacists, input the pharmacist's license number and fields will populate.

**Staff Pharmacists**

\* Staff Pharmacist Home State License Number

Staff Pharmacist Home State License Number

Staff Pharmacist Name

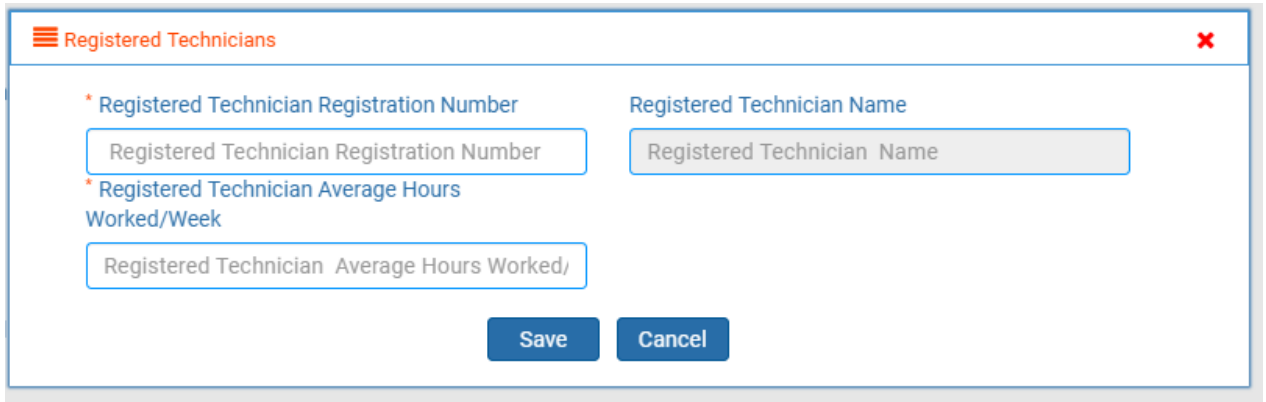
Staff Pharmacist Name

\* Staff Pharmacist Average Hours Worked/Week

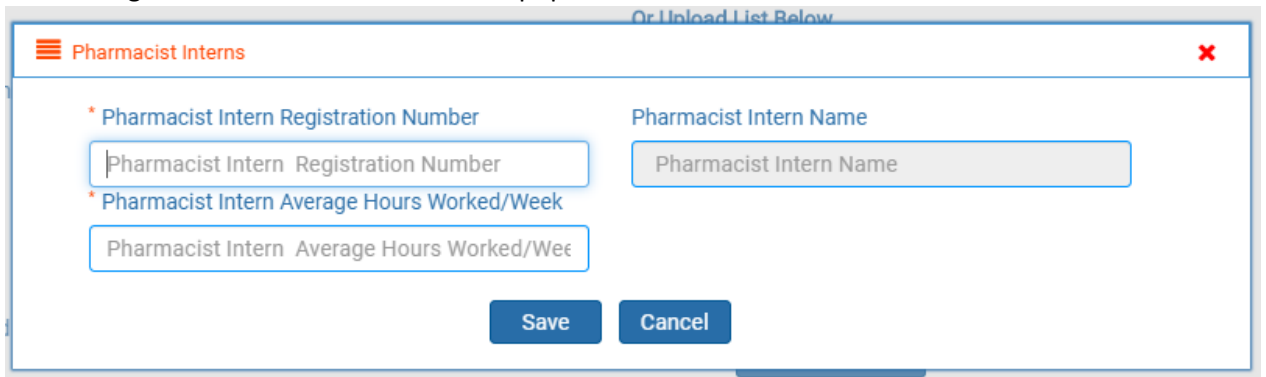
Staff Pharmacist Average Hours Worked/Week

Save Cancel

**8.3** If a manual upload is desired for technicians, click on Click here to Add More for Registered Technicians, input the technician's registration number and fields will populate.

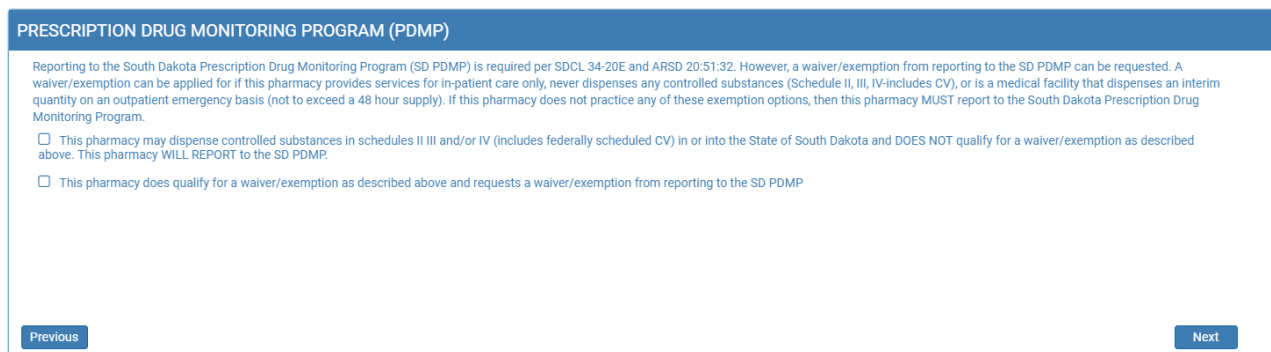


**8.4** If a manual upload is desired for interns, click on Click here to Add More for Pharmacist Intern, input the intern's registration number and fields will populate.

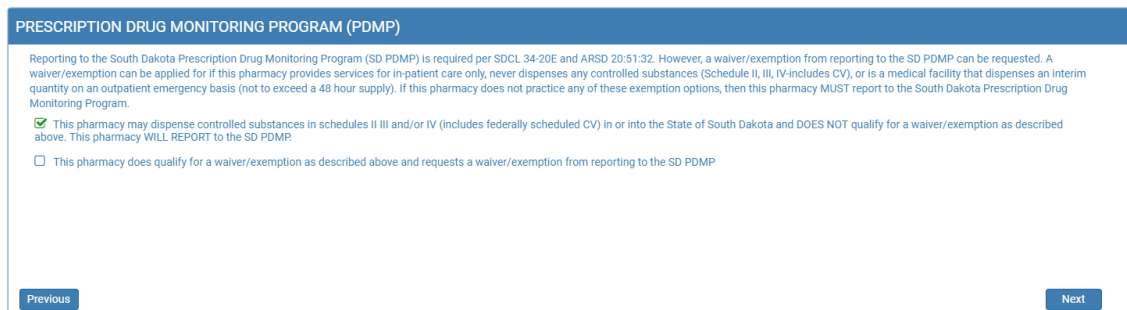


**8.5** When complete, click next.

**9. Prescription Drug Monitoring Program (PDMP) page. Select one of the options.**



**9.1** If this location will be reporting to the PDMP and the first box was chosen, click next to continue.



- 9.2** If this location is requesting a waiver/exemption from reporting to the PDMP and the second box was chosen, choose the reason(s) for wanting the waiver/exemption from reporting to the PDMP. Explanation boxes may have required response(s). Once complete, click next to continue.

**PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)**

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

☐ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.

☒ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP

**\* Request for Waiver/Exemption from PDMP Reporting (Check all that apply):**

☐ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.

☒ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation

☒ Other

**\* Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV in, Provide an explanation**

Explanation

**\* Explanation(Other)**

Explanation

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## 10. Regulatory Question page.

**REGULATORY QUESTION**

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not been reported on the last renewal? ☐ Yes ☐ No

Has the pharmacy been disciplined in the last four (4) years? ☐ Yes ☐ No

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- 10.1** Answer yes or no to each question.

- 10.2** If both questions are answered no, click next to continue.

- 10.3** If either question is answered yes, an explanation will need to be filled in the explanation box as well as uploading of documents regarding the incidents.

**REGULATORY QUESTION**

Has the pharmacist-in-charge, sole proprietor, any other managing officer, director, or member ever plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) that was not been reported on the last renewal? ☒ Yes ☐ No

**\* Explanation**

Explanation

**\* Court Document(s)**

[Attach Document](#)

Has the pharmacy been disciplined in the last four (4) years? ☒ Yes ☐ No

**\* Explanation**

Explanation

**\* Attach discipline document(s)**

[Attach Document](#)

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- 10.4** Once complete, click next to continue.

11. Application Input Preview page. This is where you can review the application prior to submitting. Use the scroll bar on the right to go through the information. Once reviewed, click next to continue.

**APPLICATION INPUT PREVIEW**

**SOUTH DAKOTA PHARMACY RENEWAL INSTRUCTIONS**

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- Other states licensed in.
- Court documents if regulatory question(s) answered yes.

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12. Affirm and Submit page. Select the checkbox stating ‘I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the Board. I declare and affirm under the penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.’ Type in your E-signature fill in debit/credit, card type (only Visa or Mastercard is accepted), person’s name on card, card number, expiration date (mm/yy), and the 3-digit number security code. All the fields are mandatory. Click on submit. Once successfully submitted you will get a System generated auto reference number, if needed you can note down that System generated auto reference number for your future reference, if needed.

**AFFIRM AND SUBMIT**

☐ I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the Board. I declare and affirm under the penalty of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

**\* E-Signature**  
E-Signature

**\* Date**  
05/01/2019

**Renewal Fee**  
200.00

**\* Debit /Credit**  
Select Debit or Credit

**\* Card Type**  
Select Card Type

**\* Person's Name on Card**  
Person's Name on Card

**\* Card #**  
Card #

**\* Expiration Date (MM/YY)**  
MM/YY

**\* Security Code (3-digit number)**  
Security Code

PreviousSubmit

Please note that after you click the Submit button, you cannot make changes to your application.

13. Once application has been reviewed by the Board and has been issued, log back into your account, in the Registration Information section, click on ‘Print’ to print your license. Licenses are no longer mailed out.

**My Profile**

(Click the edit buttons to make changes to your information . To renew your license, click on "Renew" in the Registration Information section.)

**Business Profile Information**

Business Profile Information

Business Name

License Type

DBA

Edit

**Registration Information**

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal Certificate
Filters	Filters	Filters	Filters	Filters	Filters	
Full Time	100+			Current/Inactive		RenewPrint

Primary Address